

## **MEMBER GRIEVANCE SYSTEM**

### **1. Member Grievance System**

Contractor shall implement and maintain a Member Grievance System in accordance with Title 28, CCR, Section 1300.68 and 1300.68.01, and Title 22, CCR, Section 53858.

### **2. Grievance System Oversight**

Contractor shall implement and maintain procedures as described below to monitor the Member's Grievance system and the expedited review of grievances required under Title 28, CCR, Sections 1300.68 and 1300.68.01 and Title 22, CCR, Section 53858.

- A. Procedure to ensure timely resolution and feedback to complainant.
- B. Procedure for systematic aggregation and analysis of the Grievance data and use for Quality Improvement.
- C. Procedure to ensure that the Grievance submitted is reported to an appropriate level, i.e., medical issues versus health care delivery issues.
- D. Procedure to ensure the participation of individuals with authority to require corrective action. Grievances related to medical issues shall be referred to the Contractor's Medical Director.

### **3. Quarterly Grievance Report**

Contractor shall report quarterly, in a format to be approved by DHS, any and all Grievances filed by Members and providers on behalf of Members received by the Contractor's call center or any other form of communication. This report shall include, but not be limited to, complaints about waiting time for appointments, timely assignments to a provider, issues related to cultural and linguistic sensitivity, difficulty with accessing specialists, and grievances pertaining to the administration and delivery of medical services and benefits. The report shall provide information on grievances by category or type, timeliness of responding to the Member, geographic region, ethnicity, gender, primary language of the Member, and final outcome of the grievance. Quarterly reports are due 45 days from the date of the end of the reporting quarter.